

Check the box next to the best description
of your cause of action. **Choose only one:**

Prisoner Civil Rights ☐
Non-Prisoner Civil Rights ☐
Personal Injury/Tort ☐
Tax Collection Practices ☐
Employment Discrimination ☐
Other (specify) _____ ☐

FILED
BILLINGS DIV.
2008 JUL 18 AM 9 34
PATRICK E. DUFFY, CLERK
BY _____
DEPUTY CLERK

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MONTANA**

DIVISION

(You must fill in this blank. See Instruction 6.)

Wendell James
2903 4th Ave. South
Billings, MT 59101

(Enter above the full name of each plaintiff,
including prisoner number, if any.)

Plaintiffs,

vs.

High Tech Construction
Scott D. Charter
1301 4th Ave N. Billings, MT 59107

(Enter above the full name of each defendant.)

Defendants.

Cause No. CV-08-88-BLG-RFC-
(to be filled in by Clerk of Court) CSO

COMPLAINT

Jury Trial Demanded ☒
Jury Trial Not Demanded ☐

INSTRUCTIONS

1. Use this form to file a civil complaint with the United States District Court for the District of Montana. You may attach additional pages where necessary.
2. Your complaint must include only counts/causes of action and facts – not legal arguments or citations.
3. Your complaint must be typed or legibly handwritten. All pleadings and other papers submitted for filing must be on 8 1/2" x 11" paper (letter size). Each plaintiff must sign the complaint (see page 6). The signatures need not be notarized. However, each signature must be an original and not a copy. You must pay the Clerk for

Plaintiff's Last Name

James

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copies of your complaint or other court records, even if you are proceeding in forma pauperis.

4. Through April 9, 2006, the filing fee for a complaint is \$250.00. Beginning on April 10, 2006, the filing fee for a complaint is \$350.00. The filing fee is set by Congress and cannot be changed by the Court. In addition, you will be required to pay the cost of serving the complaint on each of the defendants. If you are unable to prepay the entire filing fee and service costs for this action, you may move to proceed in forma pauperis. ***Your complaint will be returned to you without filing if it is not accompanied by either the full filing fee or a motion to proceed in forma pauperis.*** Please note that prisoners proceeding in forma pauperis are required to pay the full filing fee in installments.
5. Complaints submitted by persons proceeding in forma pauperis and complaints submitted by prisoners suing a governmental entity or employee are reviewed by the Court before the defendants are required to answer. See 28 U.S.C. §§ 1915(e)(2), 1915A(a); 42 U.S.C. § 1997e(c). After the Court completes the review process, you will receive an Order explaining the findings and any further action you may or must take. The review process may take a few months; each case receives the judge's individual attention.
6. The case caption (page 1 of this form) must indicate the proper Division for filing. A Division where the alleged wrong(s) occurred is a proper Division. When you have completed your complaint, mail the *original* of your complaint and either the full filing fee or your motion to proceed in forma pauperis to the proper Division:

Billings Division: Clerk of U.S. District Court, 316 N. 26th, Room 5405, Billings, MT 59101
(Big Horn, Carbon, Carter, Custer, Dawson, Fallon, Garfield, Golden Valley, McCone, Musselshell, Park, Petroleum, Powder River, Prairie, Richland, Rosebud, Stillwater, Sweetgrass, Treasure, Wheatland, Wibaux or Yellowstone County)

Butte Division: Clerk of U.S. District Court, 400 N. Main St., Federal Bldg. Rm. 303, Butte, MT 59701
(Beaverhead, Deer Lodge, Gallatin, Madison, or Silver Bow County)

Great Falls Division: Clerk of U.S. District Court, 215 1st Ave. North, P.O. Box 2186, Great Falls, MT 59403
(Blaine, Cascade, Chouteau, Daniels, Fergus, Glacier, Hill, Judith Basin, Liberty, Phillips, Pondera, Roosevelt, Sheridan, Teton, Toole, or Valley County)

Helena Division: Clerk of U.S. District Court, Paul G. Hatfield Courthouse, 901 Front St., Ste 2100, Helena, MT 59626
(Broadwater, Jefferson, Lewis & Clark, Meagher, or Powell County)

Missoula Division: Clerk of the U.S. District Court, 201 E. Broadway, P.O. Box 8537, Missoula, MT 59807
(Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Ravalli, or Sanders County)

COMPLAINT

I. PLACE OF CONFINEMENT:

A. Are you incarcerated? Yes ☐ No ☒ (if No, go to Part II)

B. If yes, where are you currently incarcerated? _____

C. If any of the incidents giving rise to your complaint occurred in a different facility, list that facility:

Plaintiff's Last Name

James

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II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

A. Non-Prisoners

1. Does any cause of action alleged in this complaint require you to exhaust administrative remedies before filing in court? Yes ☐ No ☒ Don't Know ☒

2. If yes, have you exhausted your administrative remedies? Yes ☐ No ☐

B. Prisoners (If you listed other institutions in I.C above, please answer for each institution).

1. Is there a grievance procedure in your current institution? Yes ☐ No ☐

2. Did you file an administrative grievance based upon the same facts which form the basis of this lawsuit? Yes ☐ No ☐

3. If you did not file an administrative grievance, explain why:

III. PARTIES TO CURRENT LAWSUIT

A. Name of Plaintiff Wendell James

Mailing Address 2803 4th Ave. South

(Please use additional sheets of paper to provide the names and addresses of any additional plaintiffs.)

B. Defendant High Tech Construction is employed as
Scott D. Cloutier (Owner) at High Tech Construction.
(Position and Title, if any) (Institution/Organization)

Defendant _____ is employed as

_____ at _____.
(Position and Title, if any) (Institution/Organization)

Defendant _____ is employed as

_____ at _____.
(Position and Title, if any) (Institution/Organization)

Defendant _____ is employed as

_____ at _____.
(Position and Title, if any) (Institution/Organization)

Defendant _____ is employed as

Plaintiff's Last Name James

_____ at _____
(Position and Title, if any) (Institution/Organization)

(Please use additional sheets of paper to provide the same information about any additional defendants.)

IV. STATEMENT OF CLAIMS

A. Count I (State your cause of action, e.g., violation of civil rights):

Employment discrimination

1. Supporting Facts (State, as briefly as possible, the facts of your case, including specific dates and locations. Do not give any legal arguments or cite cases or statutes.):

I feel I was discriminated against, when it come
time to receive my checks, my check was late,
and at one time the bookkeeper put the wrong rate
on my check.

2. Defendants Involved (List the name of each defendant you intend to name in this claim. Specifically describe how each defendant is personally involved and what they did or did not do):

Scott D. Charter (owner)

If you have additional counts/causes of action, attach extra sheets. Set forth two paragraphs for each count, one consisting of Supporting Facts (following the directions under IV.A(1)), and one consisting of Defendants Involved (following the directions under IV.A(2)).

Plaintiff's Last Name Jones

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V. INJURY

How have you been injured by the actions of the defendant(s)? You must state as specifically as possible the actual injury you suffered from the actions of each individual defendant:

*It caused me to be late paying my bills,
etc.,*

VI. RELIEF

State briefly and precisely what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

*I request the court to grant in my favor
because, I was discriminated against, by my
bills being late and miss printed caused hardship.*

VII. PLAINTIFF'S DECLARATION

- A. I understand that I must keep the Court informed of my current mailing address and that my failure to do so may result in dismissal of this Complaint without actual notice to me.
- B. I declare under penalty of perjury that I am the plaintiff in the above action, that I have read the above complaint, and that the information I have set forth within it is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.
- C. (Prisoners Only) This Complaint was deposited in the prison system for legal mail, postage prepaid or paid by the prison, on _____, 20____.

Executed at _____ on _____, 20____.
(Location) (Date)



Signature of Plaintiff

(If there is more than one Plaintiff, each Plaintiff must sign the complaint using a separate declarations page).

Rev'd April 2006

Plaintiff's Last Name _____

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Page 6 of 6

Wendell James

-W-

High Tech Construction

- Complaint -

My check from High Tech Construction, was late several times, and also the bookkeeper put the wrong rate on one of my checks, I told my supervisor when this happened I had to go to the office to straighten this out. I returned to work the next morning he complained the work I supposed to have been doing was unsatisfactory, and I shouldn't have taken the rest of the afternoon off to go to the office. I explained to him this mix-up with my checks was out on going ~~poor~~ problem. He told me I was terminated.

Suit -

I would like to sue for 10,000,000.00, for employment discrimination.

Plaintiff:

Wendell James
2903 4th Ave. South
Billings, MT. 59108

Defendant:

Scott D. Charter
1201 4th Ave. North
Billings, MT. 59107

Wendell James
7-18-08

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

Wendell Jamar

DEFENDANTS

High Tech Construction

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF

(EXCEPT IN U.S. PLAINTIFF CASES)

Yellowstone

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT

(IN U.S. PLAINTIFF CASES ONLY)

Yellowstone

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Wendell Jamar 2803 4th Ave. S.

ATTORNEYS (IF KNOWN)

II. BASIS OF JURISDICTION

(PLACE AN "X" IN ONE BOX ONLY)

☒ U.S. Government Plaintiff

☐ 3 Federal Question (U.S. Government Not a Party)

☐ 2 U.S. Government Defendant

☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES

(For Diversity Cases Only)

(PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

Citizen of This State

PTF DEF

☒ 1 ☐ 1

Incorporated or Principal Place of Business in This State

PTF DEF

☒ 4 ☐ 4

Citizen of Another State

☐ 2 ☐ 2

Incorporated and Principal Place of Business in Another State

☐ 5 ☐ 5

Citizen or Subject of a Foreign Country

☐ 3 ☐ 3

Foreign Nation

☐ 6 ☐ 6

IV. NATURE OF SUIT

(PLACE AN "X" IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 161 Medicare Act <input type="checkbox"/> 162 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 163 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 185 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 362 Personal Injury -- Med. Malpractice <input type="checkbox"/> 365 Personal Injury -- Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 810 Motions to Vacate Sentence HABEAS CORPUS: <input type="checkbox"/> 830 General <input type="checkbox"/> 835 Death Penalty <input type="checkbox"/> 840 Mandamus & Other <input type="checkbox"/> 850 Civil Rights <input type="checkbox"/> 855 Prison Condition	LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input checked="" type="checkbox"/> 780 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 861 HIA (1336ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DAWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1336ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DAWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS -- Third Party 26 USC 7609
				<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 450 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 610 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 881 Agricultural Acts <input type="checkbox"/> 882 Economic Stabilization Act <input type="checkbox"/> 883 Environmental Matters <input type="checkbox"/> 884 Energy Allocation Act <input type="checkbox"/> 885 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input type="checkbox"/> 990 Other Statutory Actions

V. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

☒ 1 Original Proceeding

☐ 2 Removed from State Court

☐ 3 Remanded from Appellate Court

☐ 4 Reinstated or Reopened

Transferred from
☐ 5 another district (specify)

☐ 6 Multidistrict Litigation

Appeal to District Judge from
☐ 7 Magistrate Judgment

VI. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY.)

Employment discrimination

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 ☐

DEMAND \$ *10,000,000.00*

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ YES ☐ NO

VIII. RELATED CASE(S) IF ANY

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____